								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2003									10/698 225					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								ALL E	NTITY	OR	– .	THAN ENTITY		
TO	OTAL CLAIMS			18				RATE	FEE	7	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		84	ASIC FEE	385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			/minus 20=		*			X\$ 9=		OR	X\$18=			
_	DEPENDENT C		<i></i>	inus 3 =	•		Γ	X43=		OR	X86=			
ML	ILTIPLE DEPEI	NDENT CLAIM P	RESENT				+145=			OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2							T	OTAL		OR	TOTAL	770		
7	3/29/5 (Column 1) (Column 2) (Column 3)							MALL	ENTITY	OR	OTHER SMALL			
Ĕ	CLAIMS		T	HIGHEST			ا ات		ADDI-	ان		ADDI-		
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA	RATE		TIONAL FEE		RATE	TIONAL FEE		
	Total	./8	Minus	1	O	=]	,	(\$ 9=	, , ,	OR	X\$18=	, 5,5		
	Independent	.2	Minus	B	?	=	7	(43=	,	OR	X86=			
L	FIRST PRESE	JLTIPLE DE	PENDENT	CLAIM			145=			+290=				
								TOTAL		OR	TOTAL			
							ADD	IT. FEE		OR,	ADDIT. FEE			
Ė		(Column 1) CLAIMS	(Column 2) (Colum			(Column 3)			÷ ·). r		·		
18		REMAINING		NUME	ER	PRESENT	۔ ا	ATE	ADDI- TIONAL	. :	BATE	ADDI- TIONAL		
EN		AFTER AMENDMENT		PREVIO PAID F		EXTRA	L	MIL	FEE		HAIE	FEE		
AMENDMENT	Total ⁻	•	Minus	**		= .	×	\$ 9=	•	OR	X\$18=			
	Independent	*	Minus	***	CI AIN	=	X43=			OR	X86=			
Ш	FINST PRESE	LIPLE DEF	PENDENT CLAIM			+1	145=		OR	+290 <u>÷</u>				
								TOTAL		OB L	TOTAL			
								IT. FEE L		On A	DDIT. FEE			
	`	(Column 1)				(Column 2) (Column 3) HIGHEST			1001	F				
1 C		REMAINING AFTER	. •	NUMB PREVIO		PRESENT EXTRA	l a	ATE .	ADDI- TIONAL	- 1	RATE	ADDI- TIONAL		
EN L		AMENDMENT		PAID F		EXITA		~'-	FEE	L	100,0	FEE		
ᇎ	Total	*	Minus	**		= .	X	8 9=		OR	X\$18=			
¥ .	Independent		Minus	***		=	×	43=		OR	X86=			
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									⁰⁷ F				
. 44	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=			
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE														
		nder Previously Paid ber Previously Paid					iound in	the appr	opriate box	in colu	mn 1.			